



Assertive Community Treatment

Burrell Behavioral Health
Columbia TAY Team
Columbia TAY-BH/DD Team
Sedalia TAY Team
Springfield Adult Team
Springfield TAY Team
Springfield IMPART Team

BJC
St. Louis TAY Team

Compass Health
Nevada Adult Team
Raymore TAY Team
St. Charles Crider TAY Team
Jefferson City Metro TAY Team

Family Guidance Center
St. Joseph Adult Team

Ozark Center
Joplin Adult Team
TAY Team

Places for People
St. Louis Adult teams:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

Preferred Family Healthcare
Hannibal TAY-ITCD Team

St. Patrick Center
St. Louis Adult Team

Hopewell
St. Louis TAY Team

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Hello from DMH by Debbie McBaine

Update on Administrative Rule Revisions

Staff of DMH are involved in an extensive review of administrative rules published in the *Code of State Regulations (CSRs)*. This review complies with state legislation which requires all state agencies to periodically review and update their rules in the CSRs. The rule review and amendment process is quite lengthy and involves input from providers, individuals served, and the general public, as well as a formal comment period when proposed rules and rule amendments are published in the *Missouri Register*. It takes approximately five to six months from the time a rule is finalized by DMH staff before it becomes final in the CSRs.

Below is an update on rules that may be of interest to you:

Core Rules for Psychiatric and Substance Use Disorder Treatment Programs – final rule: <https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c10-7.pdf>

Summary of revisions: <https://dmh.mo.gov/ada/docs/overview-of-changes-core-rules.pdf>

Background Screening Requirements – final rule: <https://www.sos.mo.gov/cmsimages/adrules/csr/current/9csr/9c10-5.pdf> (pg.5)

Summary of revisions:

<https://dmh.mo.gov/ada/docs/summary-of-revisions-background-screening.pdf>

Mental Health Programs – proposed amendments to the **CPR program, including ITCD and ACT**, Outpatient Mental Health Treatment program, and ACI program were published in the *Missouri Register* on June 3, 2019:

<https://www.sos.mo.gov/CMSImages/AdRules/moreg/2019/v44n11June3/v44n11a.pdf> (page 1505).

The final rules were published in the September 30, 2019 issue of the *Missouri Register*, and should be final in the CSRs by November 1, 2019. A summary of major revisions were circulated to providers to assist in transitioning to the updated regulations.

Update on Administrative Rules – Core Rules for Psychiatric and Substance Use Disorder Treatment Programs—Proposed Amendment 9 CSR 10-7.060 Emergency Safety Interventions, was published in the September 16, 2019 edition of the *Missouri Register*: <https://www.sos.mo.gov/CMSImages/AdRules/moreg/2019/v44n18Sept16/v44n18.pdf> (page 2368). Comments must be submitted as specified in the *Missouri Register*.

Core Rules still under review include 9 CSR 10-7.070 Medications, and 9 CSR 10-7.140 Definitions.

Community Psychiatric Rehabilitation (CPR)—final orders of rulemaking was published in the October 15, 2019 *Missouri Register*. The final rules will be published in the October 31, 2019 issue of the *Code of State Regulations* and will be effective on November 30, 2019. An overview of the revisions will be posted to the DBH website and e-mailed to providers prior to the effective date. The majority of changes bring the rules up to date with current CPR service delivery practices.

ACT at Real Voices Real Choices 2019



This year at the Real Voices Real Choices conference, three ACT Peer Specialists and two DMH employees presented a break out session about being a Peer Specialist on an ACT team. From left to right, Jennifer Jackson, Ron Ipock, Lori Norval, Sharon Mason and Chrystal Cole were accepted this year to present an hour long presentation which highlighted what ACT is, who it provides services for and what it is like to work on an ACT team as a peer. A description of ACT for adults, ACT for transition age youth (TAY), Forensic ACT (FACT), Behavioral Health & Developmental Disabilities (BHDD) ACT and Infant, Mother and Prenatal Assessment and Recovery (IMPART) ACT team was given.

Ron, Sharon and Jennifer shared what types of tools and training knowledge they use in providing ACT peer support with their individuals served as well as styles of providing psychiatric rehabilitation during their interventions. They highlighted use of recovery strategies, IMR, WRAP and IRT as well as other individualized tools for independence and skill building. They described the types of skills that individuals on ACT teams needed to gain and shared about the goals of independence, social support, work,

school and wellness that they assist individuals with.

They also shared about what it was like to be a peer on ACT, including how they are received by the other team members, their professional status on the team, using their experience and personal recovery stories to both inspire their clients but also their co-team members.

There were many questions from the audience of about 50, which included individuals both receiving treatment or working at various other mental health or treatment agencies across the state, including other ACT team peers who attended the presentation. Many individuals working at other agencies that do not have ACT asked about how their providers could start an ACT program. The presentation was a success, receiving great reviews and presenters heard directly from attendees how much they learned and enjoyed the presentation.

Genuine thanks to our peer presenters and to RVRC for allowing our team to share what we love doing the most—ACT!



To find past issues of the ACT Newsletter, go to the DMH—ACT page at:

<https://dmh.mo.gov/mental-illness/provider/act>

Scroll down to “newsletters” and find your archived online copy!

Missouri ACT is on the web!

<https://dmh.mo.gov/mental-illness/provider/act>



NEW FACES IN ACT!

BJC TAY Team:

Sara Becker — Team Leader

Burrell TAY Columbia:

Alicia Pruitt — CSS

Kaitlin Cowden — Program Assistant

Burrell TAY Sedalia:

Daniel Whittaker — Peer Specialist

Compass ACT-TAY Crider:

Art Peasall — Therapist

Compass TAY Metro:

Christina Thigpen — SEE Specialist

Compass ACT-TAY Raymore/Belton:

Tammy Wiggins — SEE Specialist

Ozark Center Adult Team:

Amy Hentz — RN

Kiimberly Hammond — Prescriber

Places for People — IMPACT Team:

Steven ‘Craig’ Hufford — Therapist

Places for People — FACT Team:

Brenda Moore — Co-occurring Specialist

Preferred TAY Team:

Nancy Prior — Program Assistant

St. Patrick Center:

Melony Crayton — SEE Specialist

ACT Tips & Tools of the Trade

Assertive Community Treatment (ACT) staff consist of people from a variety of disciplines and backgrounds tasked with using a team approach to meet the needs of individuals with severe and persistent mental illness. As such, every ACT program needs a person who assumes the role as the Team Leader. This Leader maintains a macro-level view of the team’s resources and service recipients’ needs at all times.

ACT Team Leaders typically have more immediate supports from middle management (e.g., Program Manager), who provides supervision to the Team Lead and helps ensure the team has what it needs in terms of resources and supportive policy. Team Leaders also receive a tremendous amount of support from an office-based Program Assistant. Larger teams often have an Assistant Team Leader, who can

share in some of the leadership responsibilities, and are essentially groomed to assume the Team Leader role if there is a staff change. Team Leaders also work very closely with the ACT Team Psychiatric Care Provider to provide clinical leadership and direction to the team.

Taken from the UNC Institute for Best Practices website at <http://www.institutebestpractices.org/act/resources-training/team-leadership/>



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental-illness/provider/act>

And click on ACT & Transition Aged Youth



Follow PACTwise team solutions 'blog for interesting articles written by fellow ACT staff with over 30 years' experience in the field at:
<https://pactwiseblog.com/>

TEAM MEMBER SPOTLIGHT

Name: Dennis "Clay" Keeney M.A., LPC

Team/Location: Burrell Southwest Region, Springfield

Position/Role: ACT Adult Team Lead

Favorite thing about working on ACT team: Some of the favorite things about working on an ACT team for me is the power of the team approach. I appreciate the team that I am a part of. We are able to better meet our client's needs by working together. I feel that having the team environment allows us to use our strengths together. We are able to support our clients through multiple lenses and perspectives. I like how we are able to meet our clients where they are at and assist them in reaching the goals they set for themselves.

Favorite Food: Beef Stroganoff and everything my wife cooks.

Something to share with other ACT teams: Being on an ACT team allows us unique opportunities to share with and support each other. By working together we are more able to meet our clients needs and assist them on their journeys.

TMACT Corner

TMACT 1.0 Revision 3

In determining the time devoted to specialty-related activity, staff are asked to estimate the percent of client contacts that involve their specialty interventions. (COD, SEE, RN, & Peer related interventions). Ideally, 80% of their time is devoted to interventions related to the best practice or evidence based practices that they specialize in, even when delivered within the context of other types of generalist visits. This percentage is supported by other sources to determine it's accuracy. If the specialist reports less than 80%, this is considered in adjusting the final score. Also, if other sources do not support the percentage estimated, the score will be adjusted. Sources used to gauge the approximate amount of time spent in those activities include cross checking the estimation with activities reported in the daily team meeting, those noted in the client log and progress notes. If there is a significant discrepancy between the estimate and what the other sources reveal, reviewers will determine if the specialist is providing a high, moderate or low degree of their services to determine the final score.

If you report providing your specialty at 80% or more and all sources support this, you can score a "5" in the scale item pertaining to your role on the team!

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!

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RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<http://dmh.mo.gov/mentalillness/adacpsemploymentservices.html>

Dartmouth Supported Employment Center

<http://www.dartmouthips.org/>

Certified Peer Specialist

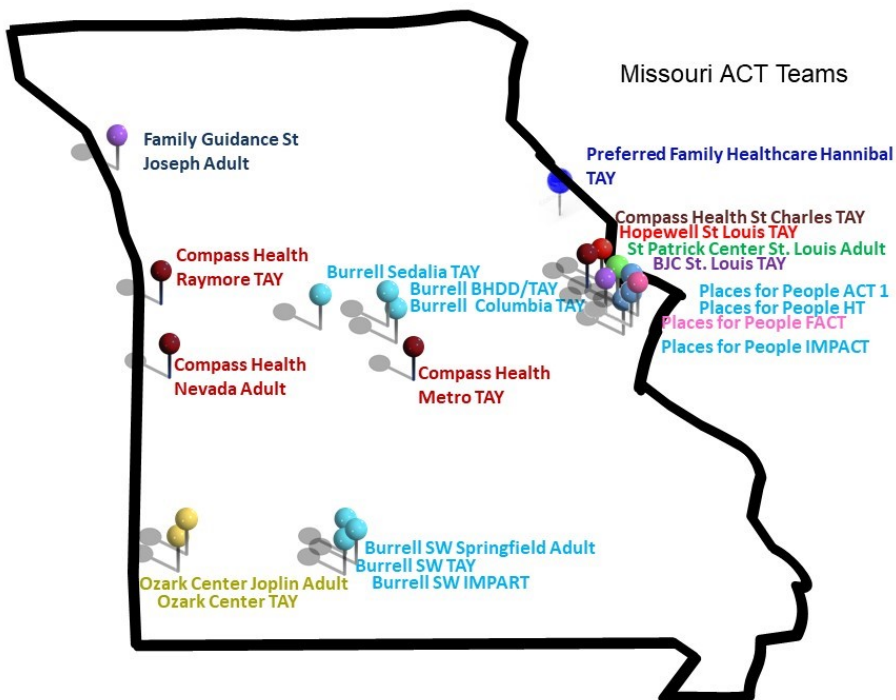
<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Recovery Network

www.morecovery.org



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ment Newsletter

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To access the free
and downloadable
**Supported Hous-
ing Toolkit** on the
Substance Abuse
and Mental Health
Services Admin-
istration
(SAMHSA) web-
site:

[CLICK HERE](#)

Take the free
SOAR
online
training
course by
visiting

<http://soarworks.praire.org/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Empirically Supported Therapy types for use on ACT teams by diagnosis

Panic Disorder with or without Agoraphobia; Specific phobias; Social Anxiety Disorder; Generalized Anxiety Disorder

Cognitive Behavioral Therapy Mastery of Your Anxiety and Panic (Barlow, Craske, & Meadows, 2005) Mastering Your Fears and Phobias (Craske, Antony, & Barlow, 2006) The Anxiety and Phobia Workbook, 4th Edition (Bourne, 2005)

Depressive Disorder

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change (Hayes, Strosahl, & Wilson, 1999)

Cognitive Behavioral Therapy

Cognitive Therapy: Basics and Beyond (Beck, 1995) Cognitive Therapy of Depression (Beck, Rush, Shaw, & Emery, 1979) Interpersonal Therapy Comprehensive guide to interpersonal psychotherapy (Weissman, Markowitz, & Klerman, 2000) Problem-Solving Therapy Problem-Solving Therapy: A Treatment Manual (Nezu, Nezu, & D'Zurilla, 2012)

Bipolar Disorder

Cognitive Behavioral Therapy Cognitive Behavioral Therapy for Bipolar Disorder (Basco & Rush, 1996)

Interpersonal and Social Rhythm Therapy

Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy (Frank, 2007) Integrated Family and Individual Therapy for Bipolar Disorder (Miklowitz, Richards, George et al., 2003)

Borderline Personality Disorder; Chronic suicidality and self-harm

Dialectical Behavior Therapy

Cognitive-Behavioral Treatment of Borderline Personality Disorder (Linehan, 1993, 2015) Skills Training Manual for Treating Borderline Personality Disorder (Linehan, 1993, 2015)

Post-Traumatic Stress

Exposure Therapy Prolonged Exposure Therapy for PTSD (Foa, Hembree, & Rothman, 2007) Trauma Recovery and Empowerment Model (TREM) Trauma Recovery & Empowerment: A Clinician's Guide to Working with Women in Groups (Harris, 1998)

Early stages of change readiness (not specific to treating a cooccurring disorder when rating this item)

Motivational Interviewing

Motivational Interviewing: Preparing People for Change (Miller & Rollnick, 2002) Motivational Interviewing in the Treatment of Psychological Problems (Arkowitz, Miller, Rollnick, & Westra, 2008)



Arts & Literature

Expression



Creativity

Life is a beautiful struggle, at least for me it is. Hi, my name is Alayna. I am a 21 years old female. I will be 22 on September 30th. My mom is one of my very few friends other than my best friend Kaleista. Enough about me, life can indeed be rough sometimes, however, it is well worth it in the end. Ever since I can remember, I have always thought negatively about myself, whether it be I am too fat/ugly, or just not good enough. I can't recall how many times I have thought about wanting to go to sleep and not wanting to wake up. I got bullied all through high school because of me being overweight and me being diagnosed with Tourette's Syndrome.

Whilst getting picked on, I wondered to myself, "Why me? What did I ever do to deserve this?" Sometimes I to this day still ask that question to myself. Although that is not a fair question to be asked, because everyone was given a life that God knew you were able to survive. If God knew you couldn't handle the life he handed you, he would never have thrown it to you. Me personally, I am agnostic, however, I still believe that I can conquer anything that life throws at me because I know it was meant to be lived. If you are not happy with the life you are living and wish to end it all, that will make no one's pain go away except your own. I just have to learn to take my own advice now because I am extremely happy with the way things are going and I can't wait to see how my future plans out.

By Alayna Adamson—Raymore Team

Awesome Quote—sent by Vanessa Merrill, CMPS:

“ If they say that it is “Dis-ordered, than that means that it can be re-ordered”

~ by Doug Wilkerson, Recovery Leader from Saturday Night Live at Central Christian Center in Joplin, Missouri

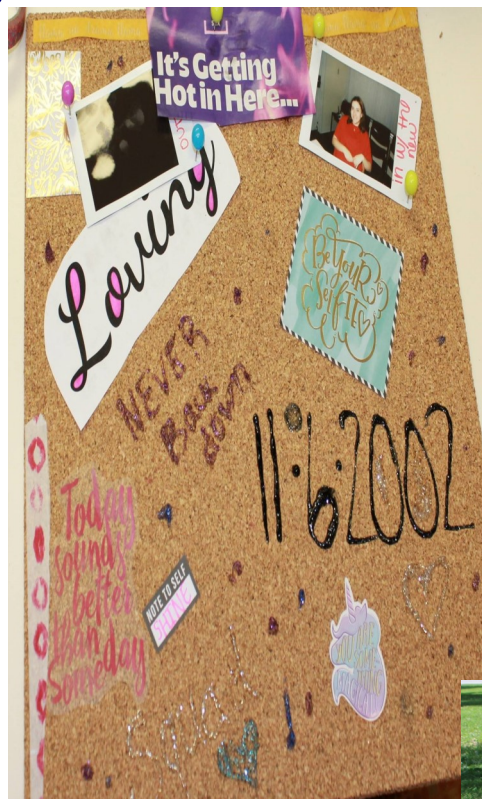


Arts & Literature

Expression



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Art submitted by Elyssa, Burrell Employment Specialist Sedalia—from her Vision Board and Yoga/Medication groups and the elephant was a gift from a person served!



SUBMIT ART, POETRY, PHOTOS, TESTIMONIALS, SHORT STORIES, PHOTOS OF PAINTINGS, SCULPTURE, ETC.—TO LORI.NORVAL@DMH.MO.GOV, WITH YOUR PERSONS' SERVED PERMISSION